

Anti-social Behaviour Case Review



Data Sharing Information

In order for agencies to consider your request to have your case reviewed, it is necessary for Castle Point Borough Council to request information from Housing Providers, external agencies and external partners to share information with each other in order to conduct an "ASB Case Review"

Please tick the box below to confirm that you authorise Castle Point Borough Council to obtain and share information in respect of your case.

ASB Case Review Threshold

- Three Incidents of ASB reported within the last 6 months where the victim considers no action has been taken
- 1 incident of Hate Crime nature reported in the last 6 months where the victim considers no action has been taken

Qualifying Complaint

- The anti-social behaviour was reported within a month of the alleged behaviour taking place; and
- The application to use the "ASB Case Review" is made within six months of the report of the anti-social behaviour

Can you confirm that the incidents you have reported are in relation to:

- Anti-social Behaviour
- Hate Crime

Do you think the incidents/concerns are because of (please tick if appropriate)

- Ethnicity
- Religion or Faith
- Disability
- Sexual orientation
- Being transgender
- None of the above

Dates Reported

Who have you reported this issue to:

- Police
- Social Services
- Community Mental Health Team
- Voluntary Agencies
- Council
- Anti-Social Behaviour Team
- Environmental Health
- Community Safety
- School
- GP (Doctor)
- Housing Provider
- Other (please specify below)

Please provide names of organisations, contact name and any reference numbers below:

What has happened?

Where have these incidents happened? (i.e. location, street name and/or postcode etc)

Who was involved in these incidents and what was their role? (ie. witness, victim, perpetrator)

Has anyone else witnessed this? (if so, please specify)

Does this issue affect more than one household or business premises?

How are the incidents affecting you?

Has previous action been taken? (if yes, please give details in box below)

- Yes
- No

Your contact details

Please provide your details so that we can contact you. If you are completing this form on behalf of a friend/relative/client of your service, please provide details of the person affected by this situation. We will use this to ask you any further questions or provide feedback on your referral if necessary.

Name

Address

(including postcode)

Home phone number

Mobile phone number

Email Address

Which of the following describes you best

- Council Tenant
- Leaseholder
- Private Tenant
- Owner Occupier
- Housing Association
- Other

Please provide your landlords name along with the name of your contact officer

Name

Address

(including postcode)

Landlord contact Number

Contact Officer

Please provide contact details of your Managing Agent and contact officer if appropriate

Managing Agents Name

Managing Agents Address

(including postcode)

Managing Agents Contact

Number

Contact Officer

Equalities monitoring (optional questions)

- Gender**
- Male
 - Female
 - Transgender

Age

- Sexual Orientation**
- Homosexual
 - Bisexual
 - Other - Please state below

Religion

Please give details of any disability

- Ethnicity**
- White
 - Mixed
 - Asian or Asian British
 - Black or Black British
 - Chinese or other ethnic group
 - Refused

Keeping you informed

We will keep you informed about the progress of your referral.
Our promise is to acknowledge receipt of your referral within 3 working days.
An initial assessment of your referral will be carried out in 10 working days and you will be contacted.

If your referral meets the criteria an officer from an appropriate lead agency will review your situation and agree the appropriate actions within 30 days.